



JUDICIAL BRANCH OF DELAWARE APPLICATION FOR COURT ACCOUNT

Firm/Company EIN#: _____ Court Use Only _____

Firm/Company Name: _____

Mailing Address: _____

Telephone Number: _____

Responsible Party Name: _____ Court Use Only _____

Address (if different from above): _____

Telephone Number: _____

Email Address: _____

Court Account Minimum Balance: \$ _____

(Threshold at which replenishment notice will be generated will be one week's transactional activity.)

Authorized Users*:

1. _____

2. _____

3. _____

4. _____

Court Use Only

**Firm shall be responsible for internal approval process.*

Submitted by: _____

(signature)

(date)

Court Use Only

Account Established by _____

(initials)

(date)

Please fax or mail completed forms to: Filing & Payment Center, 500 N. King Street,
Suite 1700, Wilmington, Delaware 19801 | Fax Number: 255-2230 Attn: Patricia Cake